

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>10</i>		<i>09-25-01</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>10-3-01</i>
FORMALITY REVIEW	<i>2 H</i>	<i>1120</i>	<i>10-31-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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0563 NL 10/31/01